APR 5 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLOYEES

A PESSION 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your records.

NAME AND	CONTACT INFORMATION	
Name	Title	
Catherine Carroll	EV	culm Bricher
Department/Agency/Bureau/Division	Work Phon	е
		7 4930
Mailing Address, City, ZIP		
22 SHS, ANGUSTA ME 04	1333-0022	
	VED FROM EMPLOYMENT BY ANO	
List the name and address of each employer from whom y economic activity of each employer.	you received compensation of \$1,000 o	r more. Specify the principal type of
None		\$
Name of Employer	Address	Principal Type of Economic Activity of Employer
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SECTION NOOMED TO SECTION ASSESSMENT		
PART 2. INCOME DERIVED FR	OM SELF-EMPLOYMENT OR LAW	PRACTICE
A. List the name and address of your business or law firm, i derived income. If associated with a partnership, firm, profes activity or practice of that entity.		
☑ None		
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar
		business entity)
Name:		
Address:		
Name:	er per en granden en en en grande en grande par en person en persona anagogar pengy	e del desendo de de la composição de como en estado en entre en em entre en entre en estado en estado entre en
reams.		
Address:		

PART 2 (continued). INCOME DERIVED FR	OM SELF-EMPLOYMENT
B. List each source of income derived from self-employment or practice that re whichever is greater, and specify the principal type of economic activity of the enform of disclosure is prohibited by law, rule, or an established code of profes activity of the entity or person from whom the income was derived.	atity or person from whom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER SOURCES C	DF INCOME
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form	n. Do not include gifts or honoraria. If none, check the
box.	
None	Kind of Income
Name and Address of Source	(investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
PART 4. REPORTABLE LIA	restrict and the Control of the Cont
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liabilities, or made as campaign contributions, or business loans from regulated financial institutions.	r educational loans, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 5. REPORTABLE	GIFTS
List the specific source of gifts received during the reporting period with an aggre	gate value of more than \$300. If none, check the box.
Name of Source of Gift	Name of Source of Gift
1. 3.	
2. 4.	

PART 6.	. REPORTABLE HO	NORARIA	
List the source of any honoraria accepted for appearance			one, check the box.
None	etalphotoleterikal etilikkilikilikilikilikilikilikilikilikil		SEA (1998), all problems (see and problems of the constraint on the constraint of th
Name of Source of Honoraria	ente meteore de la comitación de la comitación de proprieta por proprieta de proprieta de la comitación de proprieta de la comitación de la co	Name of Source of Honora	istika.
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2.	4.		
PART 7. REPRES	ENTATION BEFORE	STATE AGENCIES	
List each executive branch agency before which you compensation of any amount other than your official sal none, check the box.	or a member of you	our immediate family represented or	r assisted others for before the agency. If
None	pamakan di selah di didan sembanian digipanggan gupungan pungan pung bang paggan dinaya	$\label{thm:proposition} J_{ij}(x,y,y,y,y,y,y,y,y,y,y,y,y,y,y,y,y,y,y,y$	swmipw 1 swmm or question to applicate the second section to the section to the second section to the section to the second section to the second section to the
Name of Agency	nd is met til de men milling a promisione, pånding a media att till til de skillet de att ble skille skillet d I gjenne med skillet s	• Name of Agency	Amales Period of the Period Selection and assume the purple is properly and defined a design in a selection of the selection
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2.	nummaaren hannarin en		e verwärker Verwein der komit der Neumanne der verwein
			and the second s
PART 8. BU	SINESS WITH STAT	E AGENCIES	
List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you or	ember of your immedia or a family member sol	te family sold goods or services with	a value in excess of
None	HILLOW-ACCOMMENDATION AND AND AND AND AND AND AND AND AND AN	THE GOOD OF CONTRACTOR	
Name of Agency		Name of Agency	en menn vermen likrimist tidelike niven, vermen vi bidova haddelikriti ver
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Z.	1.		
PART 9. INCOME RECEI	IVED BY MEMBERS	OF IMMEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the key or more of income, list his or her name and job title. List Do not include gifts.	ce of income of \$1,000 kind of income represer	or more received by your spouse or ented. If your spouse or domestic par	rtner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Representing S	onomic Activity Source of Income Kind ceived	d of Income
Name:	1.	1.	
Job Title:	2.	2.	
	3.	3.	
Dependent Child(ren) - Job Titles Only			
Job Title:	and the state of t		aka amuuta maa amtana ga aataa ga aa a
Job Title:	Эл болог онд а алты откологда доны дереньшого онд оншверго штого		e de cuministrativa de la companya d
Job Title:	constitution of a second constitution of the sec	and the state of t	The state of the s

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SIGNATURE	
Signature 04-04 Unsworn falsification is a Class D crime.	
ADDITIONAL INFORMATION	
Please provide any additional information below (and on additional sheets if needed). Indicate the pathe information you are providing. Use additional pages, if necessary.	art or section number fo
	alfy daymenter and a section as each of a ment or an anti-section as each and section become refer of
Part/Section Number	4